



Mark Russell Clinic

August 9th & 10th

710 Mammoth Road, Dracut, MA 01826
Phone: 978-957-4161 Fax: 978-405-5002 Web: www.cutterfarm.com

Notice:

Negative Coggins
must accompany
each registration, or it
will not be processed.

Clinic Dates: Sunday, August 9 & Monday, August 10 **Closing Date:** Thursday, August 6

Registration Form

Rider: _____
First Last

Address _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____
To receive confirmation

Emergency Contact: _____
First Last Phone w/area code

Horse's Name: _____ *(one form per horse/rider combination)*

Gender: _____ Age: _____ Height: _____ Color: _____

What type of riding do you do w/this horse? _____

Any specific issues you want to work on? _____

Session Preference: *Sunday* Morning (8:00am – 12:00pm) Afternoon (1:00pm – 5:00pm)
Monday Morning (8:00am – 12:00pm) Afternoon (1:00pm – 5:00pm)
All efforts will be made to accommodate your time preference, but it is not a guarantee.

Audit Only **Lessons are 1 hour private with Mark.**

Clinic Fee *

Per ride. More than one ride allowed. Complete separate form for different horse.

Members	\$135.00	\$ _____
Non-Members	\$150.00	\$ _____
Audit Members	\$25.00	\$ _____
Audit Non-Members	\$30.00	\$ _____

Total Amount Enclosed \$ _____

** Non-refundable unless space is filled.*

Mail to:

The Cutter Farm, Inc.
710 Mammoth Road
Dracut, MA 01826

RELEASE

I understand that horseback riding is a high risk sport and I am participating at my own risk. I assume this risk and further do hereby release and hold harmless and indemnify the organizer, organizing committee, sponsors, judges, and officials, their officers, agents, employees, and volunteers, the host, and their agents of this clinic, and the owners of the property where the event is to be held, from all liability and/or negligence resulting in accidents, damage, injury or illness to myself and/or my agents, and to my property, including the horse or horses at this clinic.

WARNING – Under Massachusetts Law, an equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 128, Section 2D of the General Laws.

SIGNATURE _____
(PARENT OR GUARDIAN MUST SIGN IF COMPETITOR IS UNDER 18 YEARS OF AGE)